

***Tina Dahlenburg, MS, LMFT***

***Licensed Marriage and Family Therapist***

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***About Therapy:*** Psychotherapy is a collaborative process where individuals work to bring about change in a safe, supportive and confidential environment. Psychotherapy requires active, consistent involvement, honesty and openness in order for this change to occur. I believe therapy is a process rather than a quick fix and at times, difficult. I am unable to predict the length of therapy, nor guarantee a specific outcome. Sometimes clients may find the therapeutic relationship is not what they anticipated. Clients are free to terminate treatment at any time.

***About Me:*** I received my *Masters of Science* in Counseling with a specialization in Marriage and Family Therapy from *California State University, Northridge*. I am a *Licensed Marriage and Family Therapist* and have been counseling for over 7 years. Having trained in a number of therapeutic models, including solution-focused, family systems, psychodynamic, experiential, and cognitive-behavioral therapies, I maintain a concerted, flexible approach to determine which approach is best for you and your situation. I believe in the strength and resilience of the individual, and strive to provide a supportive, therapeutic process based on many years of training, clinical work, and experience. My clinical experience includes treating children, adolescents, adults, couples and families with a wide range of problems including relationship issues, parenting, depression, anxiety, self-esteem, anger, neglect, trauma, and abuse.

***Confidentiality:*** All of our sessions will be confidential to persons outside of therapy. My professional code of ethics prevents me from discussing what was said during sessions with anyone outside the session without your written permission. In order to provide quality services, I often need to collaborate with other professionals, such as your physician, psychiatrist, past therapists, and/or other mental health professionals. You will be asked to complete a release of information authorizing these exchanges; in some cases, I may not be able to provide services without this. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. Please note communication via cell phone (texting/talking) is may not always be confidential due to the technology.

There are exceptions to confidentiality and privilege, which arise from certain California legal and ethical mandates.

***Exceptions to Confidentiality:***

- The obligation of reporting to authorities, without the client's consent, any suspicion of abuse, endangerment or neglect, either physical or sexual, of any child or dependent adult.
- The duty to warn the intended victim and the authorities when it appears that the client, or a person known to the client, intends to hurt another person.
- The need to take appropriate steps when it appears evident that the client will most probably make a suicide attempt to prevent such an attempt.
- When disclosure is required pursuant to a legal proceeding.

In each of the above cases an attempt will be made to inform the client that a report or disclosure will be made. The client will also be encouraged to make any report to authorities themselves.

***Child Therapy & Confidentiality:*** Communications between therapists and clients who are minors (under the age of 18) are confidential. While parents/guardians who provide authorization for a minor's treatment often play a part in their child's therapy, they are not the client. Based on my professional judgment, I may discuss minor's treatment with the parent/caretaker.

***Secret Policy:*** Please see addendum- *Limitation on Confidentiality in Couple or Family Therapy.*

***Diagnosis:*** If a third party such as an insurance company is paying for part of your bill, I am normally required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. Please ask your insurance provider if and how obtaining therapy may impact future coverage.

***Fees:*** My fee is \$120.00 per 50-minute individual session/ \$140.00 for couples/families. The session begins at the appointed time and if late, the session will still end at 50 minutes past the appointed time. If you fail to arrange for payment of an outstanding balance, accounts may be sent to a professional billing company. There is a \$10 fee for the billing service and a 25% late fee. If clients are unresponsive, the billing company may forward to collections. I will provide clients with 30 days' notice before raising fees. I accept Victims Compensation Program as a method of payment. The client is responsible to obtain an approval letter prior to commencement of services.

I am a contracted provider with *Blue Shield of California, Chippa*, as well as *HealthNet*. Otherwise, I am happy to provide you with a statement, which you may submit to the third-party of your choice to seek reimbursement of fees already paid.

***Missed Sessions:*** If you will not be able to attend a session, please notify me at least 24 hours in advance. If you do not notify me, you will be charged a \$50 no-show or late cancellation fee.

***Additional Services:*** Additional services are billed as follows:

- Between session phone consultations: \$20 for each 15 minutes.
- Letters to third parties: start at \$40/hour
- Court reports and testimony: start at \$100/hour

**Availability and Emergencies:** If a client needs to contact me outside scheduled therapy time, I can be reached at 818-970-7751. If I am unavailable to answer, I encourage you to leave a message including a return telephone number and the best time to be reached. If you believe you are experiencing a mental health crisis, call emergency 911 or go to the nearest hospital. Additional referrals will be provided upon request.

**In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.**

***Termination of therapy:***

I have the right to terminate therapy with you under the following conditions:

- When I believe that therapy is no longer beneficial to you. I will discuss this with you and listen carefully to what you think and feel.
- When I believe that continuing to treat you would put myself or family in personal jeopardy of physical or emotional harm.
- When you have not paid for the last two sessions, unless special arrangements have been made.
- When you have failed to show for your last two therapy sessions without a 24-hour notice of cancellation.

***Please Ask Me:*** You may have questions about my qualification, therapy, or anything not addressed here. *It is your right* to have a complete explanation for any questions you may have at this time. Also, please feel free to ask me any questions or share any concerns that might arise during the process of therapy. Although I know this may be uncomfortable at times, your openness and honesty will allow me to better serve you.

I/We have read and understand the above conditions of treatment, confidentiality practices, and terms of payment and hereby consent to treatment with Tina Dahlenburg, MFT as this date.

\_\_\_\_\_ Date: \_\_\_\_\_

*Client Signature*

\_\_\_\_\_ Date: \_\_\_\_\_

*Client Signature (if applicable)*

\_\_\_\_\_ Date: \_\_\_\_\_

*Caregiver Signature (if applicable)*

\_\_\_\_\_ Date: \_\_\_\_\_

*Tina Dahlenburg, MFT*